

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Deputy Al Bradley
Coosa County Sheriff's Department
#1 School Street
Rockford, AL 35136

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Shelia Thomas B. Date of Delivery 12-15-05

C. Signature X Shelia Thomas ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

2:05CU/150-T
S&C

(20)

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7001 2510 0008 0580 2339

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Dr. Randall Weaver
Jackson Street
Rockford, AL 35135

A. Received by (Please Print Clearly)
Sheila Thomas

B. Date of Delivery
12-15-05

C. Signature

X Sheila Thomas

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

2:05CV1150T
SLC (20)

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7003 0500 0000 3730 7661